	FORM 3  AMENDED REPORT							
APPLICATION FOR PERMIT TO DRILL					1. WELL NAME and NUMBER  NBU 740-30E			
2. TYPE OF WORK  DRILL NEW WELL  REENTER P&A WELL DEEPEN WELL					3. FIELD OR WILDCAT  NATURAL BUTTES			
4. TYPE OF WELL  Gas Well Coalbed Methane Well: NO					5. UNIT or COMMUNITIZATION AGREEMENT NAME NATURAL BUTTES			
6. NAME OF OPERATOR  EOG Resources, Inc.					7. OPERATOR PHONE 435 781-9111			
8. ADDRESS OF OPERATOR  1060 East Highway 40, Vernal, UT, 84078					9. OPERATOR E-MAIL kaylene_gardner@eogresources.com			
10. MINERAL LEASE NUMBER (FEDERAL, INDIAN, OR STATE)	11. MINERAL OWNERSHIP			12. SURFACE OWNERSHIP				
UTU0581  13. NAME OF SURFACE OWNER (if box 12	FEDERAL INDIAN STATE FEE			FEDERAL INDIAN STATE FEE  14. SURFACE OWNER PHONE (if box 12 = 'fee')				
15. ADDRESS OF SURFACE OWNER (if box 12 = 'fee')					16. SURFACE OWNER E-MAIL (if box 12 = 'fee')			
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17. INDIAN ALLOTTEE OR TRIBE NAME (if box 12 = 'INDIAN')		18. INTEND TO COMMINGLE PRODUCTION FROM MULTIPLE FORMATIONS  YES (Submit Commingling Application) NO (			VERTICAL DIRECTIONAL HORIZONTAL			
20. LOCATION OF WELL	FO	OTAGES	QTR-QTR	SECTION	TOWNSHIP	RANGE	MERIDIAN	
LOCATION AT SURFACE 512 FS		SL 780 FWL	SWSW	30	9.0 S	21.0 E	S	
Top of Uppermost Producing Zone 512 F		SL 780 FWL	SWSW	30	9.0 S	21.0 E	S	
At Total Depth 512 FS		SL 780 FWL	SWSW	30	9.0 S	21.0 E	S	
21. COUNTY UINTAH  22. DISTANCE TO NEARES 5			EAREST LEASE LIN 512	E (Feet) 23. NUMBER OF ACRES IN DRILLING UNIT 2400				
25. DISTANCE TO NEARES (Applied For Drilling or Co				AME POOL	26. PROPOSED DEPTH MD: 6809 TVD: 6809			
27. ELEVATION - GROUND LEVEL		28. BOND NUMBER			29. SOURCE OF DRILLING WATER / WATER RIGHTS APPROVAL NUMBER IF APPLICABLE 49-225			
4904		NM2308						
		A	TTACHMENTS					
VERIFY THE FOLLOWING	ARE ATTACH	ED IN ACCORCAN	CE WITH THE UT	AH OIL AND	GAS CONSERVAT	ON GENERAL RU	JLES	
WELL PLAT OR MAP PREPARED BY LICENSED SURVEYOR OR ENGINEER				COMPLETE DRILLING PLAN				
AFFIDAVIT OF STATUS OF SURFACE OWNER AGREEMENT (IF FEE SURFACE)				FORM 5. IF OPERATOR IS OTHER THAN THE LEASE OWNER				
DIRECTIONAL SURVEY PLAN (IF DIRECTIONALLY OR HORIZONTALLY DRILLED)				TOPOGRAPHICAL MAP				
NAME Kaylene Gardner TITLE Regulatory Administrator			r	PHONE 435 781-9111				
<b>SIGNATURE DATE</b> 09/17/2008				EMAIL kaylene_gardner@eogresources.com				
<b>API NUMBER ASSIGNED</b> 43047501180000	APPROV	) J			ocyill			
				Permit Manager				

